

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

45th 12/03/16 70th 12/28/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445415	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  10/17/2016
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, FARRAGUT			STREET ADDRESS, CITY, STATE, ZIP CODE 120 CAVETT HILL LANE KNOXVILLE, TN 37922		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
K 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 10/17/16. During this Life Safety Survey, NHC Healthcare, Farragut was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2000.  The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the hazardous areas.  The finding included:  Observation on 10/17/16 at 10:14 AM, revealed rated fire doors not self-closing within the frame in the following locations: a. Dietary door	K 000	This plan of correction is submitted as required under state and federal law and does not constitute an admission on the part of NHC HealthCare, Farragut that the findings constitute a deficiency, or that the scope and severity regarding any deficiency cited is correctly applied.  Please accept this plan of correction as our allegation of compliance.		
K 029 SS=D		K 029	K 029  1. Door closures listed, dietary door and elevator equipment room door in Executive Chef's office, were properly adjusted to ensure they close to a positive latch per NFPA guidelines pertaining fire and smoke doors. No harm was found to patients.  2. All doors will be inspected quarterly to ensure proper operation per NFPA.  3. All doors will be inspected to ensure the doors close to a positive latch and meet other NFPA standards.  4. Maintenance will monitor quarterly (x4).  Completion date:	11/7/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 b. Elevator equipment room in the Executive Chefs office. NFPA 101, 19.3.2 (2000 Edition)  The maintenance director was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator during the exit conference on 10/17/16.	K 029			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.5.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.  The findings included:  1. Observation on 10/17/16 at 10:10 AM through 12:10 PM, revealed sprinklers with corrosion accumulation in the following locations: a. Space behind commercial dryers b. Dietary cooler c. Upstairs central bath d. Upstairs staff locker room e. 2nd floor (inside) stair well by service elevator. NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1(2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1999 Edition).  2. Observation on 10/17/16 at 10:13 AM through 11:08 AM, revealed sprinklers with physical damage in the following locations: a. Kitchen bread making station (1) b Kitchen janitors closet (1)	K 062	K 062  1. All sprinkler heads with corrosion listed (Space behind commercial dryers, dietary cooler, upstairs central bath, upstairs locker room, 2nd floor (inside) stair well by service elevator) will be replaced to meet all NFPA guidelines encompassing sprinkler heads. No harm was found to patients.  2. All sprinkler heads were checked building wide. Corroded sprinkler heads will be replaced by November 7, 2016.  3. Sprinkler heads in each area will be inspected during scheduled HVAC air filter PM schedule (Monthly in high traffic areas and quarterly in all other areas.)  4. Maintenance will monitor quarterly (x4) to ensure sprinkler heads are maintained per NFPA standards.  Completion date:  1. All sprinkler heads with physical damage listed (Kitchen bread making station, kitchen janitors closet, and service corridor outside of Dietary Managers office) will be replaced to meet all NFPA guidelines encompassing sprinkler heads. No harm was found to patients.	11/7/16	

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K 062	Continued From page 2 c. Service corridor outside the Dietary managers office (1). NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1(2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1999 Edition).  3. Observation on 10/17/16 at 10:15 AM, revealed sprinklers covered with a foreign material (dirt) in the following locations: a. Kitchen around kitchen hood (6) b. Therapy (2) (10:38 AM) c. Upstairs in corridor by service elevator (1) (10:40 AM) NFPA 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1(2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1999 Edition),  The maintenance director was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator during the exit conference on 10/17/16.	K 062	2. All sprinkler heads were checked building wide. Physically damaged sprinkler heads will be replaced by November 7, 2016.  3. Sprinkler heads in each area will be inspected during scheduled HVAC air filter PM schedule (Monthly in high traffic areas and quarterly in all other areas.)  4. Maintenance will monitor quarterly (x4).  Completion date: 11/7/16	11/7/16	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10, 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fire extinguishers.  The finding included:  Observation on 10/17/16 at 12:47 PM, revealed a fire extinguisher obstructed by a cart in the 2nd floor food warming area. NFPA 101, 19.3.5.6	K 064	1. All sprinkler heads with foreign debris listed (Kitchen around kitchen hood (6), Therapy (2), and upstairs in corridor by service elevator) will be cleaned and maintained to meet all NFPA guidelines encompassing sprinkler heads. No harm was found to patients.  2. All sprinkler heads were checked building wide.  3. Sprinkler heads in each area will be inspected and cleaned during scheduled HVAC air filter PM schedule (Monthly in high traffic areas and quarterly in all other areas.)  4. Maintenance will monitor quarterly (x4).  Completion date: 11/7/16  K 064  1. The fire extinguisher found obstructed by a cart in the food warming area upstairs was relocated and meets NFPA guidelines regarding portable fire extinguishers. Staff was reprimanded. No harm was found to patients.	11/7/16	

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K 064	Continued From page 3 (2000 Edition), NFPA 101, 9.7.4.1 (2000 Edition), NFPA 10, 1-6.6 (1998 Edition)  The assistant administrator was present when these deficiencies were identified, these deficiencies were acknowledged by the maintenance director and administrator during the exit conference on 10/17/16.  NFPA 101 LIFE SAFETY CODE STANDARD  Piped in medical gas systems comply with NFPA 99, Chapter 4. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the medical gas lines.  The findings included:  Observations on 10/17/16 at 1:01 PM through 1:30 PM, revealed medical gas lines above ceiling touching various dissimilar metals in the following locations: a. 351 b. 352 c. 359; NFPA 101, 19.3.2.4 (2000 Edition), NFPA 99, 4-3.1.2.9 (1999 Edition)  The maintenance director was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator during the exit conference on 10/17/16.	K 064	2. All fire extinguishers will be checked for the potential of obstruction.  3. Fire extinguisher, placement will be assessed for any further obstruction issues and staff will be educated on guidelines regarding portable fire extinguishers.  4. Maintenance will monitor on a monthly basis during routine fire extinguisher inspections.  Completion date: 11/7/16		
K 077 SS=D		K 077			
K 130 SS=D	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 101 (2000 EDITION)	K 130	1. The medical gas lines above the ceiling at areas listed (Rooms 351, 352, and 359) touching dissimilar metals were insulated with polyurethane insulation or were mechanically separated to meet NFPA guidelines regarding medical gas lines. No harm was found to patients.  2. All medical gas lines were traced were traced from input to output, inspected for any lines touching dissimilar metals and separated using polyurethane insulation or were mechanical separation.  3. Maintenance will inspect areas where medical gas lines are present following any work being completed in those areas.  4. Maintenance will monitor quarterly (x2).  Completion date: 11/7/16		
			1. Fire wall penetrations listed (3"x3" hole at TV in service hall and 3 1/2" conduit in service hall) were filled using appropriate 3M Fire Stop systems to meet NFPA		

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K 130	Continued From page 4  4.5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.  8.2.3.2.4 Penetrations and Miscellaneous Openings in Fire Barriers. 8.2.3.2.4.1* Openings in fire barriers for air-handling ductwork or air movement shall be protected in accordance with 9.2.1. 8.2.3.2.4.2* Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the	K 130	guidelines regarding fire wall penetrations. No harm was found to patients.  2. All fire walls will be inspected to ensure proper fire stop systems are in place and no further penetrations are present.  3. Monthly fire wall inspections will be continued as normal.  4. Maintenance will monitor on a periodic basis. As well, Maintenance will inspect fire walls following any work completed by vendors or employees above ceiling grade.  Completion date:	11/7/16	

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K 130	Continued From page 5 fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the fire barrier. b. It shall be made by an approved device that is designed for the specific purpose.  Based on observations, the facility failed to maintain the rated fire barrier.  The finding included:  Observation on 10/17/16 at 12:47 PM through	K 130			

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K 130	Continued From page 6 12:54 PM, revealed penetrations (holes) in the following locations: a. 3x3 inch (hole) service hall above TV/extinguisher in a gypsum wall. b. 3 1/2 inch conduit gypsum wall in the service hall. NFPA 101, 4.5.7 (2000 Edition), NFPA 101, 8.2.3.2.4 (2000 Edition)  The maintenance staff was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator and maintenance director during the exit conference on 10/17/16.	K 130			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the electrical system.  The findings included:  1. Observation on 10/17/16 at 1:03 PM, revealed electrical junction box plate covers missing in the following locations: a. 352 (above ceiling) b. Healthcare hallway by dining room (above ceiling) NFPA 101, 19.5.1 (2000 Edition), NFPA 101, 9.1.2 (2000 Edition) NFPA 70, 110-12(c) (1999 Edition)  2. Observation on 10/17/16 at 1:18 PM, revealed two (2) extension cords in use (removed by maintenance) above the ceiling by the main lobby elevators 3 and 4. NFPA 101, 4.6.12.1 (2000 Edition) NFPA 99, 3-3.2.1.2 (d) 2 (1999 Edition)	K 147	K 147  1. Electrical junction boxes with missing cover plates listed (Room 352 above ceiling and healthcare hallway above ceiling by dining room above ceiling) have had cover plates installed to meet NFPA guidelines regarding electrical junction boxes. No harm was found to patients.  2. All junction boxes will be inspected to ensure cover plates are in place and no further hazards are present.  3. Junction box inspections will be conducted on a routine basis with monthly fire wall inspections.  4. Maintenance will monitor on a periodic basis. As well, Maintenance will inspect junction boxes following any work completed by vendors or employees above ceiling grade.  Completion date:  1. Extension cords found in the ceiling of the main lobby were immediately removed by maintenance to be in compliance with guidelines referencing extension cords. No harm was found to patients.	11/7/16	

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K 147	Continued From page 7  The maintenance staff and director was present when these deficiencies were identified, these deficiencies were acknowledged by the administrator during the exit conference on 10/17/16.	K 147	2. All areas above ceiling grade in the facility will be inspected to ensure no extension cords are in use.  3. Outlets were installed in the main lobby area to resolve the potential need for extension cord use.  4. Maintenance will monitor quarterly (x4).  Completion date:	11/7/16	